

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

35833

## 1. PLACE OF DEATH

13 County Caldwell  
Township Hamilton  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 96  
Primary Registration District No. 5142

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME John C. Banner

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1868  
7. AGE YEARS 65 MONTHS 1 DAYS 9 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Sullivan Co. Mo. (STATE OR COUNTRY)

13. NAME E. W. Banner

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

15. MAIDEN NAME Eliza Wyrick

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

17. INFORMANT E. W. Banner (ADDRESS) Hamilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lemons, Mo. DATE Nov. 30, 1933

19. UNDERTAKER Bram & Sons (ADDRESS) Hamilton, Mo.

20. FILED Dec. 8, 1933 Drene Kemper Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-28, 1933

22. I HEREBY CERTIFY, That Did not attend deceased from \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on Nov. 28, 1933. Death is said to have occurred on the date stated above, at 3 P.

The principal cause of death and related causes of importance were as follows:

Given that wound self inflicted suicide  
Tape of head blown off.  
167  
84

Other contributory causes of importance: Melancholia

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 11-28, 1933

Where did injury occur? North of Hamilton, Mo. Specify city or town, county, and State) \_\_\_\_\_  
Specify whether injury occurred in industry, at home, or in public place.

Manner of injury 3rd floor N. W. of Hamilton, Mo. Caldwell Co. Mo.

Nature of injury upper part of head blown off

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify W. J. House (owner)

(Signed) W. J. House (Address) Kingdon, Mo.

1944 3 24